Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	7-21-2014	Address:	5135 US 31
Incident #:	14ISPC006040		Apartment #5
County:	Clark		Clarksville, Indiana
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	
(check all that	l: Location (bedroom, kitchen, open air, tapply) or Birch Reaction(s): <u>Inside apartmen</u>		
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): <u>Inside Apartment</u>			
☐ Flammable Solvents: <u>Inside apartment</u>			
Water Reactive Metal (Lithium): <u>Inside apartment</u>			
Anhydrous Ammonia: <u>Inside apartment</u>			
Corrosive Acid: Inside apartment			
Corrosive Base: Inside apartment			
Other (ite	m and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
Yes No	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring:	itions of home: clean disarray ngth of time manufacturing had been nformation:
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Health Depar	nent City, Township or County <u>Clarks</u> rtment County: <u>Clark</u> of Child Services Hotline: <u>dcshotliner</u>	Fax: (812)	
	ormation regarding this methamphetan Officer: <u>Tom Basham</u> Phon	mine laboratory, con ne <u>812-246-5424</u>	tact

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.